	asury—Internal Revenue ual Income Ta		2023	OMB No. 1545-	0074 IRS Use	Only-Do	not writ	e or staple	in this space
For the year Jan. 1-Dec. 31, 2023, or ot	her tax year beginning		, 2023, ending		, 20	See	sepa	rate inst	ructions.
Your first name and middle initial JOHN M	Last r	name LKIE		***************************************		l l		al securi	ty number
If joint return, spouse's first name and mi		name LKIE				Spo	ıse's s		urity numbe
Home address (number and street). If you 4861 MARINERS COULD		e instructions.			Apt. no.		Presi Chec	idential Ele ck here if y	ction Campaig
City, town or post office. If you have a for GALESVILLE	mplete spaces below.	State MD	ZIP code			spouse if filing jointly, want \$ to go to this fund Checking a box below will not change			
Foreign country name	tate/county		Foreign	oostal code		your	tax or refu	nd. Spouse	
Check only one box. Single Married filing jointly one box. Married filing separ If you checked the MFS qualifying person is a ch	box, enter the name	of your spouse. If you c		Head of househo Qualifying surviv QSS box, enter	ring spouse (QS	•			
	e dispose of a digita You as a de	al asset (or a financia ependent Y n or you were a dual-:	al interest in a digit our spouse as a c status alien	al asset)? (Se lependent		<u>)</u>	<u> Г</u>	Yes Is blin	X No
Dependents (see instructions):		(2) Social sec	·	Relationship	Y				nstructions):
If more (1) First name than four	Last name	number		to you	l l	x credit	1		er dependents
dependents,									
see instr. and check						_	+		
here				·		-	+		_
Income 1a Total amount from F	orm(s) W-2, box 1	(see instructions)				1a			1,60
Attach Form(s) b Household employe	e wages not reporte	ed on Form(s) W-2				1b		**********	
W-2 here. Also c Tip income not repo	rted on line 1a (see	instructions)				1c			
w-2G and d Medicaid waiver pay	ments not reported	on Form(s) W-2 (se	e instructions)			1d			
1099-R if tax e Taxable dependent was withheld.						1e			
		om Form 8839, line 2	29			1f			
get a Form g Wages from Form 8						1g			
						1h			
instructions. i Nontaxable combat	· -	istructions)	<u>L1</u>	<u>i </u>		-			1 60
Parameter 7 Add lines 12 through	n 1h								
Attach Sch. B. 2a Tax-exempt interest	1	2 503 5	Tavable interest			1z			1,607
Attach Sch. B 2a Tax-exempt interest	2a		Taxable interest			2b			1,416
Attach Sch. B 2a Tax-exempt interest	1	11,133 b	Taxable interest Ordinary dividen Taxable amount	ds					

Standard Pensions and annuities 5a b Taxable amount 5b 25,431 Deduction for Soc. sec. ben. 6a 46,618 b Taxable amount 39,625 6b Single or Married filing С If you elect to use the lump-sum election method, check here (see instructions) separately, \$13,850 Capital gain or (loss). Attach Schedule D if required. If not required, check here 33,921 7 Married filing 8 Other income from Schedule 1, line 10 8 -2,261jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 113,709 surviving spouse 10 Adjustments to income from Schedule 1, line 26 \$27,700 10 Head of 11 113,709 Subtract line 10 from line 9. This is your adjusted gross income 11 household, Standard deduction or itemized deductions (from Schedule A) 33,759 \$20.800 12 12 13 Qualified business income deduction from Form 8995 or Form 8995-A

Add lines 12 and 13

Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023)

33,770

79,939

13

14

15

any box under

14

15

Standard

Deduction. see instructions

Form 1040 (20	023) J (OHN M & EUGENIA	A V WILKI	E				1	L19-34-3	3653 Page 2
Tax and	16	Tax (see instructions). Che	ck if any from Forr	n(s): 1	8814 2	4972		T		And the state of t
Credits		3							16	3,823
	17	Amount from Schedule 2, I	ine 3						17	
	18	Add lines 16 and 17							18	3,823
	19	Child tax credit or credit for	other dependents	from Sche	edule 8812				19	
	20	Amount from Schedule 3, I							20	2
	21	Add lines 19 and 20							21	2
	22	Subtract line 21 from line 1							22	3,821
	23	Other taxes, including self-	employment tax, fr	om Sched	ule 2, line 21			·	23	123
	24	Add lines 22 and 23. This is	s your total tax						24	3,944
Payments	25	Federal income tax withhele								
	а	Form(s) W-2				25a				
	b	Form(s) 1000				25b	*****************			
	С	Other forms (see instruction	ns)			25c				
	d	Add lines 25a through 25c						7,	.5d	
If you have a	26	2023 estimated tax paymer							26	***************************************
qualifying child,	27	Earned income credit (EIC)				27		·· F		
attach Sch. EIC	. 28	Additional child tax credit fr				28				
	29	American opportunity credit	t from Form 8863,	line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, li				31				
	32	Add lines 27, 28, 29 and 31					s		32	
	33	Add lines 25d, 26, and 32. Thes							33	
Refund	34	If line 33 is more than line 2					id		34	
	35a	Amount of line 34 you want						<u> </u>	5a	NEEDIN ADMINISTRA CORRESPONDA CONTRACTOR STREET, 13000
Direct deposit?	b	Routing number c Type: Checking Savings						_		
See instructions.	d									
	36	Amount of line 34 you want	applied to your 2	024 estim	ated tax	36				
Amount	37	Subtract line 33 from line 24					·			
You Owe		For details on how to pay, g		•		ions			37	4,120
	38	Estimated tax penalty (see				38	1	76		
Third Part	y Do	you want to allow another pe	erson to discuss th	is return w	ith the IRS? S	ee				
Designee	ins	tructions				X	es. Com	plete t	pelow.	No
	De	signee's				Phone			Personal identifica	ation
***************************************	nai	me YOAV KATZ				no. 30 :	1-951	-870	O number (PIN)	46413
Sign	Under p	penalties of perjury, I declare that	I have examined thi	s return and	accompanying	schedules and stateme	ents, and	to the b	est of my knowl	edge and
Here		hey are true, correct, and comple	ete. Declaration of pr				ation of wi	nich pre	_	
Joint return?	Your sig	gnature		Date	Your occupation	on			If the IRS sent Protection PIN,	you an Identity enter it here
See instructions.				ļ	MANAGEN				(see instr.)	
Keep a copy for your records.	Spouse	's signature. If a joint return, bot	h must sign.	Date	Spouse's occu	pation			If the IRS sent	your spouse an ion PIN, enter it here
· -			·	<u> </u>	EDUCATO	DR			(see instr.)	
***************************************	Phone i		Email address			***************************************	*******			
	Prepare	er's name	Prep	arer's signa	ture		Date	F	PTIN	Check if:
_	OAV K			KATZ			04/01		P01057947	Self-employed
Preparer _	Firm's r			****	H. 21 14			Phone	e no. 301-	951-8700
Use Only		4641 MONTG	OMERY AVE S	STE 200)					
	Firm's a			M	D 20814	·		Firm's	EIN 52	<u>-1260827</u>
Go to www.ir.	s.gov/Fo	orm1040 for instructions and	the latest informati	on.					Fo	rm 1040 (2023)

SCHEDULE 1

Department of the Treasury

Internal Revenue Service

(Form 1040)

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

JOHN M & EUGENIA V WILKIE

Your social security number 119–34–3653

eceived iginal divorce or separation agreement (see instructions): income or (loss). Attach Schedule C ns or (losses). Attach Form 4797 al estate, royalties, partnerships, S corporations, trusts, etc. Attach Science or (loss). Attach Schedule F rment compensation ome: ting loss	hedule E	3 4 5 6	-2,261
eceived iginal divorce or separation agreement (see instructions): income or (loss). Attach Schedule C ns or (losses). Attach Form 4797 al estate, royalties, partnerships, S corporations, trusts, etc. Attach Science or (loss). Attach Schedule F rment compensation ome: ting loss	hedule E	3 4 5 6	-2,261
riginal divorce or separation agreement (see instructions): income or (loss). Attach Schedule C ns or (losses). Attach Form 4797 al estate, royalties, partnerships, S corporations, trusts, etc. Attach Science or (loss). Attach Schedule F rement compensation ome: ting loss	hedule E	3 4 5 6	-2,26
income or (loss). Attach Schedule C ns or (losses). Attach Form 4797 al estate, royalties, partnerships, S corporations, trusts, etc. Attach Sc ome or (loss). Attach Schedule F oment compensation ome: ting loss	hedule E	3 4 5 6	-2,26
ns or (losses). Attach Form 4797 al estate, royalties, partnerships, S corporations, trusts, etc. Attach Sc ome or (loss). Attach Schedule F oment compensation ome: ting loss	hedule E	5 6	-2,261
al estate, royalties, partnerships, S corporations, trusts, etc. Attach Sc ome or (loss). Attach Schedule F oment compensation ome: ting loss	hedule E	5	-2,261
ome or (loss). Attach Schedule F ome: ting loss		6	
ment compensation ome: ting loss		7	
ome: ting loss			
	1 - 1		
	8a K)	
on of debt	8c		
arned income exclusion from Form 2555	8d ()	
om Form 8853			
om Form 8889	0.0		
rmanent Fund dividends	8g		
pay			
d awards			
t engaged in for profit income	8j		
ons	l oi.		
om the rental of personal property if you engaged in the rental			
ut were not in the business of renting such property	81		
nd Paralympic medals and USOC prize money (see			
is)	8m		
51(a) inclusion (see instructions)	_		
51A(a) inclusion (see instructions)			
61(I) excess business loss adjustment	0		
stributions from an ABLE account (see instructions)	8q		
ip and fellowship grants not reported on Form W-2	8r	8	
e amount of Medicaid waiver payments included on Form			
1a or 1d	8s ()	
r annuity from a nonqualified deferred compensation plan or			
rnmental section 457 plan	8t		
rned while incarcerated	8u		
List type and amount:		0	
	8z		
ripoppo Add lines On through On		9	
e r r L	amount of Medicaid waiver payments included on Form la or 1d annuity from a nonqualified deferred compensation plan or mental section 457 plan ned while incarcerated ist type and amount: income. Add lines 8a through 8z	amount of Medicaid waiver payments included on Form la or 1d annuity from a nonqualified deferred compensation plan or mental section 457 plan ned while incarcerated sit type and amount: 8z	amount of Medicaid waiver payments included on Form la or 1d annuity from a nonqualified deferred compensation plan or mental section 457 plan ned while incarcerated ist type and amount: 8z income. Add lines 8a through 8z

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

SCHEDULE 2 (Form 1040)

Additional Taxes

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No

	ne(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social securit	social security number		
		119-34-365	19-34-3653		
F	art I Tax				
1	Alternative minimum tax. Attach Form 6251	1			
2	Excess advance premium tax credit repayment. Attach Form 8962				
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17				
_P	art II Other Taxes				
4	Self-employment tax. Attach Schedule SE	4			
5	Social security and Medicare tax on unreported tip income.				
	Attach Form 4137 5				
6	Uncollected social security and Medicare tax on wages. Attach	1			
	Form 8919 6				
7	Total additional social security and Medicare tax. Add lines 5 and 6	7			
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.				
	If not required, check here				
9	Household employment taxes. Attach Schedule H				
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10			
11	Additional Medicare Tax. Attach Form 8959	1			
12	Net investment income tax. Attach Form 8960	1401			
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life				
	insurance from Form W-2, box 12	13	123		
14	Interest on tax due on installment income from the sale of certain residential lots				
	and timeshares	14			
15	Interest on the deferred tax on gain from certain installment sales with a sales price		EEFF-144		
	over \$150,000	15			
16	Recapture of low-income housing credit. Attach Form 8611	40			
			1		
		icontinued	d on page 21		

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2023

Schedule 2 (Form 1040) 2023

Page 2 Part II Other Taxes (continued) Other additional taxes: a Recapture of other credits. List type, form number, and amount: 17a b Recapture of federal mortgage subsidy, if you sold your home see instructions 17b c Additional tax on HSA distributions. Attach Form 8889 17c d Additional tax on an HSA because you didn't remain an eligible individual, Attach Form 8889 17d e Additional tax on Archer MSA distributions, Attach Form 8853 17e Additional tax on Medicare Advantage MSA distributions. Attach 17f g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property 17g h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A 17h Compensation you received from a nonqualified deferred compensation plan described in section 457A 17i Section 72(m)(5) excess benefits tax 17j k Golden parachute payments 17k Tax on accumulation distribution of trusts 171 m Excise tax on insider stock compensation from an expatriated corporation 17m n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 17n o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR 170 p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund 17p q Any interest from Form 8621, line 24 17q z Any other taxes. List type and amount: 17z Total additional taxes. Add lines 17a through 17z 18 18 19 Reserved for future use 19 20 Section 965 net tax liability installment from Form 965-A 20 21 Add lines 4, 7 through 16, and 18. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b

Schedule 2 (Form 1040) 2023

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

chment uence No. 0

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number JOHN M & EUGENIA V WILKIE 119-34-3653 Part I Nonrefundable Credits 1 Foreign tax credit. Attach Form 1116 if required 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 Education credits from Form 8863, line 19 3 Retirement savings contributions credit. Attach Form 8880 4 Residential clean energy credit from Form 5695, line 15 b Energy efficient home improvement credit from Form 5695, line 32 5b Other nonrefundable credits: a General business credit. Attach Form 3800 6a b Credit for prior year minimum tax. Attach Form 8801 c Adoption credit. Attach Form 8839 6с d Credit for the elderly or disabled. Attach Schedule R 6d e Reserved for future use 6e Clean vehicle credit. Attach Form 8936 6f g Mortgage interest credit. Attach Form 8396 6g h District of Columbia first-time homebuyer credit. Attach Form 8859 6h i Qualified electric vehicle credit. Attach Form 8834 6i j Alternative fuel vehicle refueling property credit. Attach Form 8911 6j k Credit to holders of tax credit bonds. Attach Form 8912 6k I Amount on Form 8978, line 14. See instructions 61 m Credit for previously owned clean vehicles. Attach Form 8936 6m z Other nonrefundable credits. List type and amount: Total other nonrefundable credits. Add lines 6a through 6z 7 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20

For Paperwork Reduction Act Notice, see your tax return instructions.

(continued on page 2)
Schedule 3 (Form 1040) 2023

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.

OMB No. 1545-0074
2023

Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR Your social security number JOHN M & EUGENIA V WILKIE 119-34-3653 Medical Caution: Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see instructions) 15,954 Dental 2 Enter amount from Form 1040 or Expenses 1040-SR, line 11 113,709 3 Multiply line 2 by 7.5% (0.075) 8,528 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-7.426 Taxes You 5 State and local taxes. Paid a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box 5a b State and local real estate taxes (see instructions) 5,501 5b c State and local personal property taxes 5c 6,617 d Add lines 5a through 5c 5d e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 6,617 5e 6 Other taxes. List type and amount: 6 7 Add lines 5e and 6 7 6,617 Interest 8 Home mortgage interest and points. If you didn't use all of your You Paid home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box Caution: Your mortgage interest a Home mortgage interest and points reported to you on Form 1098. deduction may be See instructions if limited 18,926 limited See 8a instructions b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address 8b c Points not reported to you on Form 1098. See instructions for special rules 8c d Reserved for future use 8d e Add lines 8a through 8c 18,926 8e 9 Investment interest. Attach Form 4952 if required. See instructions 9 10 Add lines 8e and 9 18,926 Gifts to 11 Gifts by cash or check. If you made any gift of \$250 or more, Charity 400 11 12 Other than by cash or check. If you made any gift of \$250 or more, Caution: If you made a gift and see instructions. You must attach Form 8283 if over \$500 12 390 got a benefit for it 13 Carryover from prior year see instructions 790 14 Add lines 11 through 13 14 Casualty and 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified Theft Losses disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions 15 Other 16 Other—from list in instructions. List type and amount: Itemized **Deductions** 16 Total 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 17 33,759 Itemized 18 If you elect to itemize deductions even though they are less than your standard deduction, **Deductions** check this box

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2023

tachment

Department of the Treasury Internal Revenue Service

Name(s) shown on return Your social security number JOHN M & EUGENIA V WILKIE 119-34-3653 Part I List name of payer. If any interest is from a seller-financed mortgage and the Amount buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: SANFORD BERNSTEIN #49664 (See instructions 1,141 and the SANFORD BERNSTEIN #33033 Instructions for SANFORD BERNSTEIN #33032 32 Form 1040, SANFORD BERNSTEIN #32989 134 line 2b.) TRUIST BANK 108 Note: If you received a 1 Form 1099-INT, Form 1099-OID. or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. Add the amounts on line 1 2 1,416 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 4 1,416 Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer: SANFORD BERSTEIN #49664 Ordinary SANFORD BERNSTEIN #33032 **Dividends** SANFORD BERNSTEIN #32989 (See instructions and the Instructions for Form 1040. 5 line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 13,970 6 dividends shown on that form. Note: If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign Part III Foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Accounts Yes No and Trusts7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign Caution: If required, failure to country? See instructions X file FinCEN Form If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial 114 may result in substantial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 penalties. and its instructions for filing requirements and exceptions to those requirements Additionally, you may be required b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the to file Form 8938. financial account(s) is (are) located: Statement of Specified Foreign Financial Assets See instructions. 8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a

foreign trust? If "Yes," you may have to file Form 3520. See instructions

SCHEDULE D (Form 1040)

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information. OMB No. 1545-0074

Your social security number

33,271

Schedule D (Form 1040) 2023

Department of the Treasury Internal Revenue Service Name(s) shown on return

JOHN M & EUGENIA V WILKIE

119-34-3653 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) (d) (e) Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars line 2, column (g) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with 13,641 12,991 0 650 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 650 Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) lines below (d) Adjustments Subtract column (e) (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (g) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 133,831 108,969 0 24,862 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 8,051 0 687 7,364 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 Capital gain distributions. See the instructions 1,045 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

on the back

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2023

Р	art III	Summary		
16	Combin	e lines 7 and 15 and enter the result	16	33,921
		16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. go to line 17 below.		
		16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete		
		16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or NR, line 7. Then, go to line 22.		
17	C===3	15 and 16 both gains? Go to line 18.		
	-	Skip lines 18 through 21, and go to line 22.		
18		e required to complete the 28% Rate Gain Worksheet (see instructions), enter the if any, from line 7 of that worksheet	18	
19		e required to complete the Unrecaptured Section 1250 Gain Worksheet (see ons), enter the amount, if any, from line 18 of that worksheet	19	
20	X Yes	18 and 19 both zero or blank and are you not filing Form 4952? Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions orm 1040, line 16. Don't complete lines 21 and 22 below.		
		Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 22 below.		
21	If line 16	is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
		ss on line 16; or 0), or if married filing separately, (\$1,500)	21 ()
	Note: W	nen figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you t	ave qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	0	
		Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions orm 1040, line 16.		
	No.	Complete the rest of Form 1040, 1040-SR, or 1040-NR.	*	

Schedule D (Form 1040) 2023

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form8949 for instructions and the latest information.

Social security number or taxpayer identification number 119-34-3653

JOHN M & EUGENIA V WILKIE

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

	*************			***************************************			
You must check Box A complete a separate For	m 8949, page 1	 for each appl 	icable box. If you have	more short-term trans	ur short-term tra actions than will	nsactions, I fit on this page	
or one or more of the bo				•			
X (A) Short-term tr	ansactions repo	orted on Form(s	s) 1099-B showing bas	is was reported to the	IRS (see Note a	ibove)	
			s) 1099-B showing bas	is wasn't reported to t	he IRS		
	ansactions not	reported to you	on Form 1099-B				
(a)	(b) Date acquired (Mo , day, yr.)	diamonad of	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss)	
Description of property (Example: 100 sh. XYZ Co)			(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	Subtract column (e) from column (d) and combine the result with column (g).
SANFORD BERNST	ETN 33033	OFF OF	73.073		III SU GCUOTIS	adjustinent	
SWIFORD BERNST	EIN 33034			4 050			
CANTOON DEDNOM	BTN 3000	VARIOUS	4,308	4,059		***************************************	249
SANFORD BERNST	i	- SEE ST	1				
	VARIOUS	VARIOUS	9,333	8,932			401
		***************************************					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		***************************************		***************************************		***************************************	
***************************************						***************************************	70010-700141-14400 HAR \$2220 BEF AFFA "A 1 1000 1000 BREAKE BEFORE
1							
2 Totals. Add the amounts in onegative amounts). Enter each Schedule D, line 1b (if Box above is checked), or line 3	ch total here and inclu A above is checked),	ide on your , line 2 (if Box B	13,641	12,991		0	650
Secretaria anachour, of line o	(II WOOK & GUUVU IO U!	100110U/					030

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

JOHN M & EUGENIA V WILKIE

119-34-3653

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(E) Long-term tr	ransactions repo	orted on Form(s	s) 1099-B showing basi s) 1099-B showing basi on Form 1099-B	s was reported to the I s wasn't reported to th	RS (see Note al ne IRS	oove)		
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a coo See the sepa	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
SANFORD BERNST		- SEE ST	TMT					
	VARIOUS	VARIOUS	56,190	54,034		·	2,156	
SANFORD BERNST								
	VARIOUS	VARIOUS	77,641	54,935			22,706	
***************************************						***************************************		
***************************************							***************************************	
					-			
2 Totals. Add the amounts in negative amounts). Enter ea Schedule D, line 8b (if Box above is checked), or line 1	ach total here and inclu CD above is checked)	de on your , line 9 (if Box E	133,831	108,969		0	24,862	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

JOHN M & EUGENIA V WILKIE

119-34-3653

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

				on Form 1099-B	is wasn't reported to the	ne IRS		
	(a) Description of property xample: 100 sh. XYZ Co)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate	If you enter an enter a c	If any, to gain or loss I amount in column (g), I column (f). I column (f). I column (g) I colum	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
					instructions.	instructions	adjustment	with column (g).
SA	NFORD BERNST	EIN 32989 VARIOUS	- SEE ST VARIOUS	MT 8,051	687			7 264
**********		VARTOUS	VARIOUS	8,031	087	***********************************		7,364
		***************************************		***************************************				
	***************************************					***************************************		
						***************************************	***************************************	
*******		***************************************			***************************************			***************************************
	T-4-1-1							
	Totals. Add the amounts in negative amounts). Enter ease Schedule D. line 8b /if Box	ach total here and inclu	ude on your					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

8,051

above is checked), or line 10 (if Box F above is checked)

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Attachment Sequence No

Schedule E (Form 1040) 2023

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

DOWN W & BOGENIA A MITWIE			119	-34-365	3
Part I Income or Loss From Rental Real Estate					
Note: If you are in the business of renting personal pro	operty, use	e Schedule C . See instruct	ions. If you are an	individual, repe	ort farm
rental income or loss from Form 4835 on page 2, line					
A Did you make any payments in 2023 that would require you to fil	e Form(s)	1099? See instructions			Yes X No
B If "Yes," did you or will you file required Form(s) 1099?					Yes No
1a Physical address of each property (street, city, state, ZIP co	de)				
A 3908 GEORGETOWN CT, WASHINGTON, DC 200072127					
В	***************************************	***************************************	*******************************		
<u>c</u>					
1b Type of Property 2 For each rental real esta		•	Fair Rental	Personal U	se QJV
(from list below) above, report the number			Days A 365	Days	Q3V
if you meet the requirem	personal use days. Check the QJV box only if you meet the requirements to file as a				
B qualified joint venture. S					
C	***************************************	***************************************	<u>c </u>		
Type of Property:					
1 Single Family Residence 3 Vacation/Short-Term Rental 5	Land	7 Self-Rental			
2 Multi-Family Residence 4 Commercial 6	Royaltie	es 8 Other (describe)			
			Properties:		
Income:		Α	В		С
3 Rents received	3	54,000			
4 Royalties received	4				***************************************
Expenses:					
5 Advertising	5				
6 Auto and travel (see instructions)	6	120			
7 Cleaning and maintenance	7				
8 Commissions	8				
9 Insurance	9	1,328			
10 Legal and other professional fees	10	3,050			
11 Management fees	11				
12 Mortgage interest paid to banks, etc. (see instructions)	12				······································
13 Other interest	13				
14 Repairs	14	5,500			
15 Supplies	15				
16 Taxes	16	12,944			
17 Utilities	17				
18 Depreciation expense or depletion	18	26,599			######################################
19 Other (list) SEE STATEMENT 1	19	6,720			
20 Total expenses. Add lines 5 through 19	20	56,261			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If					
result is a (loss), see instructions to find out if you must					
file Form 6198	21	-2,261			
22 Deductible rental real estate loss after limitation, if any,					
on Form 8582 (see instructions)	22 (2,261		x	
23a Total of all amounts reported on line 3 for all rental properties		23a	54,0	000	
b Total of all amounts reported on line 4 for all royalty properties					
c Total of all amounts reported on line 12 for all properties					
d Total of all amounts reported on line 18 for all properties			26,		
e Total of all amounts reported on line 20 for all properties			56,	261	
24 Income. Add positive amounts shown on line 21. Do not include a				24	0
25 Losses. Add royalty losses from line 21 and rental real estate losse			re	25 (2,261
26 Total rental real estate and royalty income or (loss). Combine li					
here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, a					
Schedule 1 (Form 1040) line 5. Otherwise, include this amount in t	tha tatal a	a lina 41 an mana 2	i	00	_9 961

For Paperwork Reduction Act Notice, see the separate instructions.

Form 1116

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

OMB No. 1545-0121

Identifying number as shown on page 1 of your tax return

Attachment Sequence No. 19

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1116 for instructions and the latest information.

	они м		WILKIE					119-34	-3653	
Use	a separate For	m 1116 for ea	ch category o	f income listed	below. See C	Categories of Inc	come in the in			box on each Form
111	6. Report all am	nounts in U.S.	dollars except	where specifie	ed in Part II be	elow.			•	
a	_	A category inco		X Passive of	category inco	me e	Section 90	1(j) income	g 🗌 L	ump-sum distributions
b [_ Foreign bran	nch category in	icome d	General	category inco	me f	Certain inc	ome re-sourced	l by treaty	
h	Resident of (na	me of country)	US	UNITED	STATES				***************************************	**************************************
Not	e: If you paid ta	xes to only one	e foreign cour	ntry or U.S. pos	session, use	column A in Pa	rt I and line A	in Part II. If yo	u paid taxes	to
	e than one fore	eign country or	r U.S. possess	sion, use a sep	arate column	and line for eac	ch country or	possession.		
P	arti Ta	xable Inco	me or Los	s From Sou	rces Outs	ide the Unit	ed States	(for category	y checked	above)
			Ļ		Foreign	Country or U.	S. Possessi	on		Total
i		e of the foreigr	n country	A		В		С	(/	Add cols. A, B, and C.)
	or U.S. posses			RIC						
1a		om sources within of d of the type check								
	(see instructions)	·					İ			
	DIVIDENT	S & INTE	ਾਲਕਰਾ		54				4.5	e: A
b		s compensation for			34				1a	54
_	services as an en	nployee, your total	ı İ							
		om all sources is \$2								
		sed an alternative t rce. See instructio								
D = 4										
Dead	actions and loss	ies (Caution: See	instructions.):							
2	Expenses definite line 1a (attach statement)	ely related to the in	ncome on							
3	Pro rata share	e of other dedu	uctions not							
_	definitely rela	ated: d deductions or s	tondord							
а	deduction (see i		tandard	1	4,043					
b	Other deds.	,		··········	-/					
С	(attach stmt.) Add lines 3a a	and 3b	· · · · · · · · · · · · · · · · · · ·	1	4,043	WP4WWW444444				
d		ırce income (see ir	nstructions)		54	***************************************		· · · · · · · · · · · · · · · · · · ·		
е	Gross income from	all sources (see inst	tructions)	16	9,970					
f	Divide line 3d by	y line 3e (see ins	tructions)	0	.0003	***************************************				
g	Multiply line 3	c by line 3f			4					
4	Pro rata share of in	terest expense (see	instructions):							
а		erest (use the Works	′ 1		l l					
	Home Mortgage Int	erest in the instruction	ons)		6			·····		
b	Other interest							·····		
5		oreign sources								
<u> </u>		g, 4a, 4b, and			10				6	10
7 D				ult here and on					7	44
	Credit is claimed	reign raxes	S Paid or A	Accrued (se	e instructio	ns)				
	for taxes					Foreign taxes pai	d or accrued			
ا ح	(you must check one)		In foreig	n currency	***************************************	<u>T</u>	***************************************	In II C d	alloso	
Country	(j) X Paid	Tava	es withheld at sour		(p) Other		s withhold at a	In U.S. d	1	(A) Table 1
S	(k) Accrued	laxe	s withheld at sour	Ce on.	(p) Other foreign taxes	I axe	s withheld at sou	rce on:	(t) Other foreign taxes	(u) Total foreign taxes paid or
- 1	(I) Date paid or accrued	(m) Dividends	(n) Rents	(o) Interest	paid or	(q) Dividends	(r) Rents	(s) Interest	paid or	accrued (add cols.
A	or accrued		and royalties		accrued	17	and royalties		accrued	(q) through (t)) 17
В			 			- · · · · ·		+	 	
c	***************************************		·····		<u> </u>					***************************************
8	Add lines A t	hrough C, col	lumn (u). Ent	er the total he	re and on lin	e 9, page 2			8	17

Form 1116 (2023) Page 2 Part III Figuring the Credit Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I 17 9 10 Enter the sum of any carryover of foreign taxes (from Schedule B. line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) 10 (If your income was section 951A category income (box a above Part I), leave line 10 blank.) 11 Add lines 9 and 10 17 Reduction in foreign taxes (see instructions) 12 12 13 Taxes reclassified under high tax kickout (see instructions) 13 14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit 17 14 15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions 44 15 16 Adjustments to line 15 (see instructions) 16 Combine the amounts on lines 15 and 16. This is your net foreign 17 source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than 44 one Form 1116, you must complete line 20.) 17 18 Individuals: Enter the amount from line 15 of your Form 1040. 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption 79,939 Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. 19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1" 0.0006 19 20 Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions. 3,823 20 Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. Multiply line 20 by line 19 (maximum amount of credit) 22 Increase in limitation (section 960 (c)) (see instructions) 23 Add lines 21 and 22 23 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 24 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV See instructions Part IV Summary of Credits From Separate Parts III (see instructions) Credit for taxes on section 951A category income 25 Credit for taxes on foreign branch category income 26 26 27 Credit for taxes on passive category income 27 Credit for taxes on general category income 28 28 29 Credit for taxes on section 901(j) income 29 Credit for taxes on certain income re-sourced by treaty 30 30 Credit for taxes on lump-sum distributions 31 32 Add lines 25 through 31 32 Enter the smaller of line 20 or line 32 33 33 Reduction of credit for international boycott operations. See instructions for line 12 34 34 35 Subtract line 34 from line 33. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a

35

Form **8995**

Name(s) shown on return

Qualified Business Income Deduction Simplified Computation

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

passed through from an agricultural or horticultural cooperative. See instructions.

Go to www.irs.gov/Form8995 for instructions and the latest information.

2023

ZUZJ

OMB No. 1545-2294

Sequence No. **55**

JOHN M & EUGENIA V WILKIE

Your taxpayer identification number 119-34-3653

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative. (a) Trade, business, or aggregation name (b) Taxpayer (c) Qualified business identification number income or (loss) ii iii iv ٧ 2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c) 3 Qualified business net (loss) carryforward from the prior year 3 0 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20) Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) 56 6 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior 8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-56 9 REIT and PTP component. Multiply line 8 by 20% (0.20) 11 10 Qualified business income deduction before the income limitation. Add lines 5 and 9 10 Taxable income before qualified business income deduction (see instructions) 79,950 11 11 12 Enter your net capital gain, if any, increased by any qualified dividends 44,404 (see instructions) 12 13 Subtract line 12 from line 11. If zero or less, enter -0-13 14 Income limitation. Multiply line 13 by 20% (0.20) 7,109 Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) 16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-16 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-17

119-34-3653

Federal Statements

RESIDENTIAL RENTAL

Statement 1 - Schedule E, Line 19 - Other Expenses

Description	 Gross Amount	Business Use Percentage	Net Amount		
HOMEOWNERS FEE	\$ 6,720		\$	6,720	
TOTAL	\$ 6,720		\$	6,720	

Form	1	4	1	6
FUILII		- 6	A	w

Form 1116 Page 1 Detail Worksheet

2023

Name

Taxpayer Identification Number

JOHN M & EUGENIA V WILKIE

119-34-3653

Category of income	PASSIVE INCOME	
		Total
1a Gross income:	_	
Foreign qualified dividends	54	54
Foreign capital gains		
Other foreign income		
Total gross income	54	54
2 Expenses definitely related		
Expenses not definitely related:		
3a Certain itemized deductions		14,043
3b Other deductions		
3c Add lines 3a and 3b		14,043
3d Gross foreign source income	54	54
3e Gross income from all sources		169,970
3f Divide line 3d by line 3e		0.0003
3g Multiply line 3c by line 3f		4
4a Home mortgage interest		6
4b Other interest expense		
5 Losses from foreign sources		
6 Total deductions and losses		
(Add lines 2, 3g, 4a, 4b, and 5)		
8 Foreign taxes paid or accrued	17	17

Form	1	0	40
------	---	---	----

Qualified Dividends and Capital Gain Tax Worksheet

2023

Name

Taxpayer Identification Number

119-34-3653

JOHN M & EUGENIA V WILKIE

1.	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15. However	•			
	are filing Form 2555 (relating to foreign earned income), enter the amount		70 000		
•	line 3 of the Foreign Earned Income Tax Worksheet	1.	79,939		
2.	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 3a* 2.	11,133	-		
3.	Are you filing Schedule D?*				
	Yes. Enter the smaller of line 15 or 16 of Schedule D.				
	If either line 15 or 16 is a loss, enter -0-	22 254			
	No. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 7	33,271	-		
4.	Add lines 2 and 3	44,404			
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	<u>35,535</u>		
6.	Enter:				
	\$44,625 if single or married filing separately,				
	\$89,250 if married filing jointly or qualifying surviving spouse,	6.	89,250		
	\$59,750 if head of household.				
7.	Enter the smaller of line 1 or line 6	7.	79,939		
8.	Enter the smaller of line 5 or line 7	8.	35,535		
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	44,404		
10.	Enter the smaller of line 1 or line 4	10.	44,404		
11.	Enter the amount from line 9	11.	44,404		
12.	Subtract line 11 from line 10	12.	0		
13.	Enter:				
	\$492,300 if single,				
	\$276,900 if married filing separately,	13.	553,850		
	\$553,850 if married filing jointly or qualifying surviving spouse,				
	\$523,050 if head of household.				
14.	Enter the smaller of line 1 or line 13	14.	79,939		
15.	Add lines 5 and 9	15.	79,939		
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	0		
17.	Enter the smaller of line 12 or line 16	17.			
18.	Multiply line 17 by 15% (0.15)		***************************************	18.	0
19.	Add lines 9 and 17	19.	44,404		
20.	Subtract line 19 from line 10	20.	0		
21.	Multiply line 20 by 20% (0.20)			21.	0
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than	\$100,000, use the Tax			
	Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the	Tax Computation			
	Worksheet			22.	3,823
23.	Add lines 18, 21, and 22			23.	3,823
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the	Tax Computation			
	Worksheet			24.	9,151
25.	Tax on all taxable income. Enter the smaller of line 23 or line 24. Also inc		entry space on		
	Form 1040, 1040-SR, or 1040-NR, line 16. If you are filing Form 2555, do it	not enter this amount on	the entry space		
	on 1040, 1040-SR, or 1040-NR, line 16. Instead, enter it on line 4 of the Fo			25.	3,823

^{*}If you are filing Form 2555, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Form	1	0	40

Social Security Worksheet

2023

Name

Taxpayer Identification Number

JOHN M & EUGENIA V WILKIE

119-34-3653

If you are married filing separately and you **lived apart** from your spouse for all of 2023:

Form 1040/1040-SR: Enter "D" to the right of the word "benefits" on line 6a.

1.	Enter the total amount from box 5 of all your Forms SSA-1099 and Forms RRB-10					46 610
2.	Also, enter this amount on Form 1040 or 1040-SR, line 6a. Tp: Multiply line 1 by 50% (0.50).				. 1	46,618
3.	Add the amounts on Form 1040 or 1040-SR, lines 1z, 2a, 2b, 3b, 4b, 5b, 7, and Sci	hodulo 4. lie		• • • • • • • • • • • • • • • • • • • •	2	23,309
٠.	Also, enter the total of any exclusion/adjustments for Qualified U.S. savings bond in			ne 14)		
	adoption benefits (Form 8839, line 28), foreign earned income or housing (Form 25)					
	certain income of bona fide residents of American Samoa (Form 4563, line 15) or P				3.	76,587
4.	Add lines 2 and 3					99,896
5.	Enter the total of the amounts from Form 1040 or 1040-SR, Schedule 1, lines 11 thi	rough 20,				
	23, and 25.				5.	
6.	Subtract line 5 from line 4				_	99,896
7.	Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and you	u lived with	your			
	spouse at any time during 2023)				7	32,000
8.	Subtract line 7 from line 6. If zero or less, enter -0-				8.	<u>67,896</u>
	If line 8 is zero, stop here. None of your benefits are taxable. Enter -0- on Form If you are married filing separately and you lived apart from your spouse for all of	1040 or 10	40-SR, lii	ne 6b.		
	or 1040-SR, line 6b.					
	If line 8 is more than zero, go to line 9.					
9.	Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and you	lived with y	our spou	se		
	at any time during 2023)				9	12,000
10.	Subtract line 9 from line 8. If zero or less, enter -0-				10	55,896
11.	Enter the smaller of line 8 or line 9				11	12,000
12.	Enter one half of line 11				12.	6,000
13.	Enter the smaller of line 2 or line 12				13	6,000
14.	Multiply line 10 by 85% (0.85). If line 10 is zero, enter -0-				14	47,512
15.	Add lines 13 and 14				15	
16.	Multiply line 1 by 85% (0.85)				16	39,625
17.	Taxable benefits. Enter the smaller of line 15 or line 16. Also, enter this amount on	Form 1040	or 1040-	SR, line 6b.	17	39,625
	Percentage of total benefits received included as taxable income.					<u>85.0%</u>

Note: If part of your benefits are taxable for 2023 and they include benefits paid in 2023 that were for an earlier year, you may be able to reduce the taxable amount shown on the worksheet. See Pub. 915 for details.

Form	400	0	4	0
------	-----	---	---	---

Pension/Annuity Report

2023

Name

Taxpayer Identification Number

JOHN M & EUGENIA V WILKI	JOHN	M	S.	EUGENTA	V	WTT	TY.
--------------------------	------	---	----	---------	---	-----	-----

119-34-3653

[*******				***********				
T/S		Pay	yer					Box 7 Code	7 Gross Distribution	Rollovei	· Taxable Amount
ABCDEFGH-JKLMNO	JPMORGAN			NA	TEFRA	Taxpay	J	7 	25,431		25,431 25,431
						Spous Total	е		25,431	=	25,431

١	IIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
Α						
В						
С		**************************************				
D						**************************************
E						
F						
G						***************************************
Н						
j						
K						
L		****				
M						
N						
0						
axpay	er _					
pouse						
otal						***************************************

- 1		
	Form 1040	Salaries & Wages Report

Name							Taxpayer	Identification Number
JOHN M	& EUGENIA	V WILKIE Employer		F	114/	P	119-3	4-3653
A T JPN	MORGAN CHAS		NA		ral Wages 1,607	Federal V	Vithheld	Soc Sec Wages 1,607
C D								
F G H								
J								
K L M								
			Taxpay		1,607			1,607
			Spouse Totals		1,607			1,607
So A	c Sec Withheld Me	dicare Wages	Medicare Withheld	Soc Sec 1	ips Allocat	ed Tips D	ep Care Ben	Other, Box 14
B						-		
D E F				***************************************				
G H								
J K								
M						-		
Taxpayer Spouse	100	1,607	23			-		
Totals	100	1,607	23					
State A MD B	State Wages 1,607	State Withheld	Name of I	ocality		Local W	ages	Local Withheld
C								
D E F								
H								
K								
M Taxpayer	1,607	***************************************		T \$1.00 p. 0 *******************************				
Spouse .	1,607							

Form **1040**

Electronic Filing - PDF Attachment Report

2023

Name

JOHN M & EUGENIA V WILKIE

Taxpayer Identification Number

JOHN M & EUGENIA V WILKIE		119-34-	3653
Title	Attachment Source		Proforma
FEDERAL ATTACHMENTS: FORM 8949 EXCEPTION TO REPORTING SANFORD BERNSTEIN 330 32	X:\WILKIE, JOHN & EUGENIA\EFILE PDF ATTACH ERNSTEIN 33032 STATEMENT - 2023.PDF	MENT\SANFORD E	NO
FORM 8949 EXCEPTION TO REPORTING SANFORD BERNSTEIN 329	X:\WILKIE, JOHN & EUGENIA\EFILE PDF ATTACH ERNSTEIN 32989 STATEMENT - 2023.PDF	MENT\SANFORD E	NO